

## Cardinal Care Managed Care Members with Developmental Disabilities

Individuals receiving services through one of the Developmental Disabilities (DD) Waivers (Community Living, Family and Individual Support, or Building Independence Waivers), and enrolled in the Medicaid Cardinal Care Managed Care program, will have their non-waiver services covered by their Cardinal Care Medicaid health plan. Cardinal Care Medicaid health plans are managed care organizations that provide health coverage on behalf of the state through Cardinal Care Managed Care. DD Waiver services will not be paid for through Cardinal Care Managed Care but will continue to be paid through the Medicaid Fee-for-Service program, in which the state directly pays providers.

The following lists provide examples of the Medicaid services and who pays for them. (This is not a complete list and not all services listed are available to all recipients of the DD Waivers. See <http://www.mylifemycommunityvirginia.org/> for more information.)

<b>Cardinal Care health plan manages and pays for Non-Waiver services</b>	<b>Medicaid Fee-For-Service pays for DD Waiver services</b>
Doctor's visits Hospital care Inpatient/Outpatient behavioral health Mental health services Pharmacy services Added benefits that vary by health plan Transportation to non-waiver services Care Management Non-waiver services covered under EPSDT	Case management/support coordination Transportation to and from waiver services Private Duty Nursing Skilled Nursing Personal Assistance Service Assistive Technology Community coaching or engagement Community based, center based or crisis support services Group Day services Environmental modifications Group Home service Personal Emergency Response System Transition services Supported Employment and Workplace Assistance Service facilitation Companion services Respite services Therapeutic consultation In-home support services Electronic home based supports Individual and family/caregiver training Peer mentoring Community guide Benefits planning Shared living service Sponsored residential service Supported living service Employment and community transportation services

*NOTE: Private Duty Nursing, Personal Assistance Service and Assistive Technology services will continue to be carved out including when covered by Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT), which are medically necessary services available to children under 21.*



## How does Cardinal Care Managed Care affect my Medicare?

Cardinal Care Managed Care is a Medicaid program and does not affect your Medicare coverage. You have the choice to keep your current Medicare plan. You also have the option to enroll in a Dual Special Needs Plan, a type of Medicare Advantage plan that covers Part A (hospital insurance), Part B (medical insurance) and Part D (prescription drug coverage) and coordinates your benefits across both the Medicare and Medicaid programs.

Your Cardinal Care health plan does not require your Medicare providers to be in network or to get service authorization for Medicare covered services. Check with your Medicare providers to see if they are willing to accept payment from the Cardinal Care health plan for the Medicaid covered portion of your copays and deductibles. Take all of your Medicaid and Medicare and other insurance cards to your health care appointments.

## Medication

Cardinal Care Managed Care members who have Medicare receive prescription drug coverage under Medicare Part D. CCC Plus members are required to pay Part D copayments for prescription drugs. Cardinal Care Managed Care plans will not pay for prescription drugs that are covered under Medicare Part D, including the Part D copayment. Medicaid covers some over the counter drugs that are not covered under Medicare. The Cardinal Care health plan will continue to provide coverage for medically necessary, "FDA approved" over the counter drugs that are not covered by Medicare.

## How does Cardinal Care Managed Care affect my commercial insurance (private insurance or insurance through an employer)?

You can keep your commercial insurance and be in Cardinal Care Managed Care. You can continue to receive services that are paid for by your commercial insurance. For most services covered by Medicaid that are not paid by your commercial insurance, you must choose a provider that is in network with your Medicaid health plan. The Cardinal Care health plan may not be able to pay for services from out of network providers, including the related copayments and deductibles.

Cardinal Care Medicaid health plans are required to pay your copayments or deductibles if your commercial provider is in network with the plan. Your plan must provide coverage for emergency and family planning services, including when these are provided out-of-network. Your plan may also agree to authorize and provide coverage out of network to non-participating providers who agree to bill the Medicaid health plan and accept this payment as payment in full.

## Health Insurance Premium Payment (HIPP)

Medicaid members on the Health Insurance Premium Payment program, which reimburses eligible individuals for private health insurance premiums, are excluded from Cardinal Care Managed Care.

## Dental Benefits

Dental services are provided through the DMAS Dental Benefits Administrator. The dental program provides coverage for the following populations and services:

- For children under age 21: diagnostic, preventive, restorative/surgical procedures, as well as orthodontia services.



- For pregnant women: x-rays and examinations, cleanings, fillings, root canals, gum related treatment, crowns, partials, and dentures, tooth extractions and other oral surgeries, and other appropriate general services. Orthodontic treatment is not included. The dental coverage ends 60 days after the baby is born.
- For adults age 21 and over enrolled in Medicaid: coverage will include cleanings, x-rays, exams, fillings, dentures, root canals, gum-related treatment, oral surgery and more.

### **How do I arrange transportation?**

Transportation is a Medicaid-covered service when you do not have another way to get to your medical appointments. For people on the DD Waiver, transportation for your waiver services will continue to be covered through the Medicaid fee-for-service transportation vendor, ModivCare. For non-waiver services (such as doctor visits), transportation will be provided through your CCC Plus health plan. Your health plan Member ID card will list the phone number to call for transportation. Transportation phone numbers are also available on the DMAS website at:

<https://www.dmas.virginia.gov/for-members/benefits-and-services/transportation-services/>

